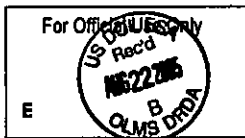


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12496</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>DONNA</u> <u>L</u> <u>KEKAUOHA</u> P O Box Bldg Room No if any _____ Street <u>1617 PALAMA STREET</u> City <u>HONOLULU</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817 3043</u>	4 Name file number and address of labor organization Name <u>LABORERS AFL CIO LOCAL 368</u> Labor Organization File Number <u>042-957</u> P O Box Building and Room Number if any _____ Street <u>1617 PALAMA STREET</u> City <u>HONOLULU</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817-3043</u>
5 Position in labor organization <u>UNION REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Donna L. Kekaouha</u>	On <u>08/15/2005</u> Date	<u>(808) 841 5877</u> Telephone Number

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input type="text" value="HAWAII LABORERS PENSION TRUST FUND"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="1221 KAPIOLANI BLVD SUITE 900"/></p> <p>City <input type="text" value="HONOLULU"/></p> <p>State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96814 3502"/></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11 a Nature of such dealing</p> <p><input type="text" value="PENSION TRUST FUND FOR LABOR UNION MEMBERS"/></p> <p>11 b Approximate dollar value of such dealing <input type="text"/></p> <p>12 a Nature of interest held or income received</p> <p><input type="text" value="PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A FULLY REIMBURSED BASIS"/></p> <p>(SEE ATTACHED WORKSHEET)</p> <p>12 b Amount <input type="text" value="\$9 456"/></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a. Nature of payment
Name <input style="width: 90%;" type="text"/>	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>
Trade Name if any <input style="width: 90%;" type="text"/>	
P O Box Bldg Room No If any <input style="width: 90%;" type="text"/>	
Street <input style="width: 90%;" type="text"/>	
City <input style="width: 90%;" type="text"/>	
State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 150px; height: 30px; float: right; margin-top: 10px;"></div>

DONNA KEKAUOHA - PENSION TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Pension	Washington Legislative Update May 17 - 19 2004	\$ 8 435 00	\$ 4,497 40	\$ 3 937 60
Pension	Annual/Quarterly Meetings July 22 - 25 2004	\$ 875 00	\$ 315 78	\$ 559 22
Pension	50th Annual Employee Benefits November 30 December 4 2004	\$ 7 901 00	\$ 4,643 10	\$ 3 257 90
Total		\$ 17 211 00	\$ 9,456 28	\$ 7 754 72

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name HAWAII LABORERS EMPL COOP & EDUC TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1221 KAPIOLANI BLVD SUITE 900

City HONOLULU

State Hawaii ZIP Code + 4 96814-3502

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

LECET TRUST FUND FOR LABOR UNION MEMBERS AND
SIGNATORY CONTRACTORS

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST
FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES
AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A
FULLY REIMBURSED BASIS

(SEE ATTACHED WORKSHEET)

12 b Amount

\$2 232

DONNA KEKAUOHA - LECET TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
LECET	LIUNA Tri Fund Conference January 18 22 2004	\$ 4 861 08	\$ 2,231 56	\$ 2 629 52

Name of Person Filing DONNA KEKAUOHA

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name LIUNA NATIONAL LECET TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 905 16TH STREET NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10 If 9 b or 9 c is checked give trust or employer's name

Name HAWAII LABORERS' EMPL COOP & EDUC TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1221 KAPIOLANI BLVD SUITE 900

City HONOLULU

State Hawaii ZIP Code + 4 96814 3502

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

INTERNATIONAL TRUST FUND TO LOCAL TRUST FUND

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

ATTENDED RECEPTION DURING EDUCATIONAL CONFERENCE

12 b Amount

\$104

LECET LM-30 STAFF REPORT

Name and Title		Date	Place	Event	Amount
TF	Kekoaoha, Donna - Union Trustee (Hawaii)	01/18/04	Disney Yacht & Beach Club FL	Reception - Tri-Fund Conference	\$ 103.52